



APPLICATION FOR SANDY CITY ALCOHOL AND CONSUMPTION LICENSE

10000 Centennial Parkway
Sandy, Utah 84070
801-568-7252

Account # _____
Sales Tax # _____

Date Rec'd _____
Bond Paid \$2,000.00

Establishment Information

Name of Establishment _____
Address of Establishment _____
City, State, ZIP _____
Phone Number: _____ Web Address: _____
Primary Use of Establishment _____
License Classification: _____

Establishment Organization Information

Corporation _____ Partnership _____ Individual _____ Other (specify) _____

Primary Applicant Information

Full Name (First, MI, Last) _____
Home Address _____
City, State, ZIP _____

If less than five years, list addresses for the past five [5] years

Date of Birth (mm/dd/yyyy) _____ Social Security Number _____
BCI Submitted? Y / N _____ Country of Citizenship _____

If business is owned by a corporation or partnership, please list full names, dates of birth, social security numbers, home addresses and phone numbers on the reverse of this application or attach a separate sheet for each officer, director, partner, member etc. If establishment is to be operated by anyone other than officers, partners or applicant, the above information must be supplied on the operator and attached statement also endorsed and notarized.

The principal applicant affirms that he/she is of good moral character and has read a copy of Title 5, Chapter 2 - Sandy City Alcohol Beverage Ordinance, including the conditions, requirements, and restrictions of apply for and receiving a Sandy City Alcohol and Consumption License. The applicant further affirms he/she will meet all the requirements of the Utah statutes pertaining to alcoholic beverage sales and/or consumption and Sandy City Alcohol Beverage Ordinance, and that all statements contained in this application are true and correct.

Signature of Applicant _____ Date: _____

Subscribed and Sworn to Before me this _____ day of _____, 20_____.

Notary Public

Expiration of Notary

Residing At: _____



Information Requested on Officers, Partners and/or Operators

Full Name (F, MI, L) _____

Home Address _____

City, State, ZIP _____

Date of Birth (mm/dd/yyyy) _____ Country of Citizenship: _____

Social Security Number _____ Home Phone: _____

Full Name (F, MI, L) _____

Home Address _____

City, State, ZIP _____

Date of Birth (mm/dd/yyyy) _____ Country of Citizenship: _____

Social Security Number _____ Home Phone: _____

Full Name (F, MI, L) _____

Home Address _____

City, State, ZIP _____

Date of Birth (mm/dd/yyyy) _____ Country of Citizenship: _____

Social Security Number _____ Home Phone: _____

Full Name (F, MI, L) _____

Home Address _____

City, State, ZIP _____

Date of Birth (mm/dd/yyyy) _____ Country of Citizenship: _____

Social Security Number _____ Home Phone: _____

Information on Previously Owned/Operated Businesses of All Officers, Partners, and/or Operators

Business Name: _____ Operated From: _____ to _____

Business Address: _____

Licensed Obtained Through: _____

Officer, Partner or Operator who had an interest: _____

Business Name: _____ Operated From: _____ to _____

Business Address: _____

Licensed Obtained Through: _____

Officer, Partner or Operator who had an interest: _____

Business Name: _____ Operated From: _____ to _____

Business Address: _____

Licensed Obtained Through: _____



Account Number: _____

Officer, Partner or Operator who had an interest: _____

STATEMENT FOR EACH OFFICER/PARTNER/OPERATOR

(Please make additional copies of this page for each listed officer/owner/director)

I, _____, being legal officer or partner of
(insert name of establishment) _____,
which is located at _____

Affirm that I am aware of and understand the conditions, requirements, and restrictions of apply for and receiving a Sandy City Alcohol and Consumption License as set forth in Title 5, Business Licensing, Revised Ordinances of Sandy City. I also agree to meet all of the requirements of the Utah Liquor Control Act and the Sandy City Alcohol Beverage Ordinance, and affirm that all the statements contained in this application are true and correct.

Signature of Applicant _____ Date: _____

Subscribed and Sworn to Before me this _____ day of _____, 20____.

Notary Public

Expiration of Notary

Residing At



SUPPLEMENT TO SANDY CITY ALCOHOL CONSUMPTION LICENSE

1. All employees who handle alcoholic beverages are required to supply the information requested below listed as items (A) through (E)
2. All employees of a business applying for a Class B, C, D or E Beer, Private Club and/or Liquor Consumption License, must attach hereto a copy of certificate of completion of Alcohol Training and Education Seminar as provided by the Utah Department of Alcoholic Beverage Control.
3. All employees of a business requesting a class C Beer or Private Club License, including bouncers, doormen, and entertainers, (excluding members of a band) are required to file an application with the Sandy City Police Department for an identification card which must be carried on the person at all times while on duty.

(A) Name (Last, First, Middle)	(B) Date of Birth	(C) Social Security Number	PD I.D.

(

(D) Home Address	(E) Phone Number	Training Cert by:

Applicant hereby affirms that the above is a complete and true list of those employed at:

(Name of Establishment)

Which is located at

Signature of Applicant _____ Date: _____

Subscribed and Sworn to Before me this _____ day of _____, 20_____.

Notary Public

Expiration of Notary

Residing At

